Supervision Guideline

1. Statement

Prevocational Medical Accreditation Queensland (PMAQ) administers a system of accreditation that ensures quality education and training for medical interns that enables the provision of safe patient care.

PMAQ is accredited by the Australian Medical Council as an intern training accreditation authority and has been approved by the Medical Board of Australia (MBA) to accredit intern training posts in Queensland.

The Medical Board of Australia's *Registration Standard: Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training* defines the supervised intern training requirements that must be completed for Australian medical graduates to be eligible for general registration. As per the Registration Standard, training terms must be accredited against approved accreditation standards for intern training. It is PMAQ's responsibility to ensure that the Intern Training programs offered by Queensland facilities meet the requirements of the Registration Standard.

2. Purpose

The purpose of this accreditation guideline is to ensure all facilities and sites that are accredited to train interns in Queensland are aware of the accreditation requirements for supervision of interns.

This guideline is also used by PMAQ accreditation assessment teams to determine appropriate supervision levels.

3. Scope

This guideline applies to all facilities and sites in Queensland that deliver medical intern education and training programs.

4. Context

Supervision involves oversight by a clinical supervisor of all clinical activities undertaken by an intern with the objective of developing their clinical skills and knowledge as they progress through their training towards independent practice.

Supervision includes more senior medical staff directly and indirectly monitoring interns. It also refers to providing training and feedback to assist interns to meet the Registration standard – Australian and New Zealand graduates.

Evaluation of supervisory practice is a key component of accreditation.

5. Responsibilities

5.1 Senior Clinical Management

Senior clinical managers, such as the Director of Medical Services, Director of Clinical Training and Term Supervisors, are ultimately responsible for ensuring that all interns are appropriately supervised according to the following standards:

8.1.1 Interns are supervised at all times and at a level appropriate to their experience and responsibilities

8.1.2 Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge, authority, time and resources to participate in training and / or orientation programs

8.1.3 Supervisors of interns understand their roles and responsibilities in assisting interns to meet learning objectives and demonstrate a commitment to intern training

8.1.4 The intern training program regularly evaluates the adequacy and effectiveness of intern supervision

8.1.5 Staff involved in intern training have access to professional development activities to support quality improvement in the intern training program

Each site in Queensland that has a medical intern training program is to have clearly identified the position responsible for overall intern supervision. This position is responsible for ensuring that there are processes in place to ensure that interns in each clinical unit are appropriately supervised at all times to ensure safe clinical care and the promotion of a safe and supportive learning environment and that Unit Directors (or equivalent) and senior medical staff are aware of these requirements and their responsibilities.

5.2 Term Supervisors

A term supervisor is a medical practitioner designated to be responsible for the coordination of clinical training of interns rotating to a particular department or unit. This includes orientation, task allocation, monitoring, assessment, feedback, support and evaluation. The term supervisor is usually a senior medical staff member of the department or unit. Each accredited term is required to have a nominated term supervisor. Usually this is one individual however there are occasions where this role is shared. Where this is the local circumstance, clear roles and responsibilities are to be documented.

The term supervisor is responsible for ensuring all mid and end of term intern assessment documentation is completed. This should be completed in discussion and collaboration with clinical supervisors and other relevant staff. While the term supervisor is responsible for this process, the actual signatory may be delegated to the primary clinical supervisor by the term supervisor. Additionally, term supervisors are required to ensure feedback is provided to each intern during each term as noted in standard 5.2.2 below.

5.2.2 Interns receive timely, progressive and informal feedback from supervisors during every term

Term supervisors are required to have relevant medical Fellowships. For compulsory medicine placements this would normally be the Fellowship of the Royal Australian College of Physicians (FRACP); for compulsory surgery placements this would normally be the Fellowship of the Royal Australian College of Surgeons (FRACS); and for compulsory emergency medicine placements this would normally be either the Fellowship of the Australian College of Emergency Medicine (FACEM) or a Fellowship of a GP College with recognised advanced or extended skill in emergency medicine. The two relevant GP Colleges are the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australasian College of General Practitioners (RACGP). Equivalent Fellowships recognised by Australian Colleges are also appropriate.

Where compulsory placements are undertaken within speciality and sub-specialty departments and units, term supervisors are required to have the appropriate qualifications in the relevant specialty or sub-specialty. For non-compulsory placements, term supervisors are required to have a relevant medical Fellowship.

In an unexpected circumstance the Director of Medical Services (or equivalent) may fulfil the role of term supervisor in the absence of the nominated term supervisor where potential conflicts are acknowledged and addressed.

5.3 Primary Clinical Supervisors

The primary clinical supervisor is an appropriately qualified and recognised professional who guides interns' education and training during clinical placements, is responsible for ensuring safe, appropriate and high-quality patient care and whose role may encompass educational, support and managerial functions. The primary clinical supervisor is a consultant or senior medical practitioner with experience managing patients in the term's discipline.

Each accredited term may have more than one primary clinical supervisor depending on the structure of the clinical service. For example, in a compulsory emergency medicine term, the primary clinical supervisors may be the emergency consultant coordinating the shift. This would not be the same individual across the full placement.

5.4 Immediate Clinical Supervisors

The Australian Medical Council defines a suitable immediate clinical supervisor as someone with general registration and at least three years' postgraduate experience. If clinical supervision of interns is undertaken by medical practitioners with little experience in the relevant field, review, discussion and confirmation of the individual's supervisory capabilities by the term supervisor of the unit is required.

Suitable replacement supervisors should be identified, as standard procedure, in case the nominated immediate clinical supervisor is not available. Interns are required to know who their immediate direct clinical supervisor is, for every patient, at all times.

International Medical Graduates (IMGs) may be considered clinical supervisors if they have been assessed by the relevant specialist college as being substantially comparable to an Australian-trained Fellow and are undergoing a period of supervised practice of no longer than 12 months.

5.5 Junior Doctors and other members of the health care team

It is recognised that other members of the healthcare team, including other junior doctors, senior nursing and allied health staff, may contribute to supervising the intern's work. It is also acknowledged that individuals learn from their peers. Other interns, junior doctors, nurses and allied health staff have a role in the teaching and learning of interns and opportunities for shared learning and peer teaching is important. All those who teach, supervise, counsel, employ or work with interns are responsible for patient safety. However, this does not equate to devolution of supervisory practice.

Explicit and accountable supervision can only be provided by senior medical staff.

6. Direct and Indirect Supervision

Effective supervision attempts to accommodate the sometimes diametrically opposed aims of moving the intern toward independent decision making and maintaining patient and intern safety. Strong, continuous and explicit discussion about the intern's scope of practice is warranted.

It is a requirement that Interns work under supervision at all times and have a clearly defined scope of practice. At no time should an intern be required to act or make a decision outside their scope of practice without direct supervision. Every patient should undergo review by a more senior doctor (at some point during presentation/admission) prior to discharge. Having said this, it is acknowledged that the scope of practice of interns does change across the intern training year, and that the scope of practice for each individual intern may be different.

Direct supervision means that the clinical supervisor is present, observes, works with and directs the intern who is being supervised. That is, the clinical supervisor is physically present at the workplace, within or covering the same department or unit as the intern. Indirect supervision means that direct supervision is available within 10 minutes and that the intern has an escalation protocol that identifies more senior medical support if required in an emergency.

The supervisory model should be appropriate to the intern's scope of clinical practice and the clinical requirements of the unit. As a guiding principle, all supervision should be direct, however supervision may include a combination of direct and indirect supervision as determined by the clinical requirements of the unit and the scope of practice of the individual intern.

While the immediate direct clinical supervisor for any day and any time-point is to be clearly defined, direct clinical supervision is a team task where different clinical supervisors may be allocated to direct supervision at different times of the week or day.

7. After Hours

The principles that apply to clinical supervision within standard operating hours also apply after hours.

Standard operating hours are defined as times where the full complement of staff, including medical consultants and supervisors are present on site and the facility is fully functioning. It is acknowledged that standard operating hours will vary across facilities, however the majority of rostered intern working hours should be within standard operating hours. Interns can be rostered onto shifts outside standard operating hours. It is acknowledged that after hours experience is an important component of learning and development as a junior doctor, however the supervisory model employed needs to be appropriate for the level of experience of the intern.

At no time should interns be the sole doctor(s) in a facility. When undertaking after-hours work appropriate supervision should be available. Ideally this would be direct supervision, however where this is not possible, indirect supervision with a minimum requirement of availability in person within 10 minutes is essential.

As with other shifts, during after hours' shifts interns must consult a clinical supervisor about the management of any patient outside their scope of practice and each of these patients should undergo review by a more senior doctor prior to discharge.

8. Ward Call

Supervisory arrangements for interns undertaking ward call are no different than supervisory arrangements for any clinical activity. This supervision must ensure a safe clinical environment for patients and a safe learning environment for the Intern. On ward call, interns will only assume responsibility for, or perform procedures, in which they have sufficient experience and expertise and which is within their defined scope of practice. Where an intern needs to consult or call a supervisor or more senior clinician, a minimum requirement of availability in person within ten minutes is essential.

Where an intern is involved in ward call as a component of their placement, evidence of the development of appropriate orientation, escalation protocols, supervisory arrangements, assessment mechanisms and evaluation strategies is required.

9. Training and Performance Review

The performance of term and clinical supervisors (including primary and immediate supervisors) should be regularly reviewed as a part of regular performance review of senior medical staff and more senior doctors-in-training.

Clinical supervisors should receive formal constructive feedback about their clinical supervision. Initial and ongoing training in effective supervision; in teaching methodology; and in learning theory is recommended.

10. Notification of Changes in Supervisor or Supervisory Arrangements to PMAQ

In accordance with standard 1.2.2 (below), facilities are to notify PMAQ of changes to supervisory arrangements for any term accredited to train interns.

> *1.2.2 The intern training program documents and reports to the intern training accreditation authority (PMAQ) on changes in the program, units or rotations which may affect the delivery of the program at a level consistent with the national standards this includes:*
>
> *a. Change in term supervisor.*
>
> *b. Absence of senior staff with significant roles in intern training for an extended period with no replacement. Senior staff includes the DCT, the MEO, and the term supervisor.*
>
> *c. Change in the capacity of direct clinical supervision resulting in the detriment of the intern's clinical experience.*
>
> *d. Roster changes to either interns or supervisors.*

Where alterations in supervision and supervisory capacity result in the inability of the facility to provide supervision in a particular term to the standard described in this document, the intern must be immediately moved to a placement where appropriate supervision is available. If no alternate placement is available at the facility, the facility is to liaise with other facilities in Queensland and with PMAQ to place the intern and ensure their training pathway is not compromised. At no time is the intern to remain in an unsupervised placement.

Version Control

Version	Date	Comments
.1	8 January 2019	Initial draft
0.2	26 March 2019	Revised draft
1.0	4 April 2019	Version 1.0 endorsed by PMAQ Accreditation Committee
1.1	16 May 2019	Revised to remove ‘prevocational’ and replace with ‘intern’